

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90255 031 ****61.25

DOCUMENT # N93000002624					
1. Entity Name HARBOR LAKES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 27001 LAKE HARBOR COURT BONITA SPRINGS, FL 34134 US			Mailing Address C/O WBG SW FL INC. 3461 BONITA BAY BOULEVARD #101 BONITA SPRINGS, FL 34134 US		
2. Principal Place of Business		3. Mailing Address		 01102006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0421618				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BACUMAN, BOB C/O WGB SOUTHWEST FL. INC 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135			Name <u>JOHN O'GORMAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>10 STERLING PROPERTY SERVICES LLC.</u> <u>27800 Old 41 Road</u> City <u>BONITA SPRING</u> FL Zip Code <u>34135</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE S NAME HJALMQUIST, JOAN STREET ADDRESS 27050 LAKE HARBOR CRT. #202 CITY-ST-ZIP BONITA SPRINGS, FL 34134	☒ Delete		TITLE DS NAME MARY SCHOENHEIDER STREET ADDRESS 27021 LAKE HARBOR CRT. #101 CITY-ST-ZIP BONITA SPRINGS, FL 34134	☐ Change ☒ Addition	
TITLE VPD NAME BLATT, MONTY STREET ADDRESS 27091 LAKE HARBOR CT #102 CITY-ST-ZIP BONITA SPRINGS, FL 34134	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE PD NAME MCDONNELL, JOHN STREET ADDRESS 27080 LAKE HARBOR CT #102 CITY-ST-ZIP BONITA SPRINGS, FL 34134	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE D NAME JACKSON, STEVE STREET ADDRESS 27020 LAKE HARBOR CT. #103 CITY-ST-ZIP BONITA SPRINGS, FL 34134	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE TD NAME MCGRATH, TOM STREET ADDRESS 27021 LAKE HARBOR COURT #B202 CITY-ST-ZIP BONITA SPRINGS, FL 34134	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>3/15/06</u> Daytime Phone #		